

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	239269US0
	First Inventor or Application Identifier	Atsushi FUNAKI, et al.
	Title	FLUOROCOPOLYMER

06/24/03

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (3) <i>(if foreign priority is claimed)</i> 15. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27</i> 16. <input checked="" type="checkbox"/> Other: Request for Priority	
2. <input checked="" type="checkbox"/> Specification	Total Sheets		<input type="text" value="31"/>
3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets		<input type="text"/>
4. <input checked="" type="checkbox"/> Oath or Declaration	Total Pages		<input type="text" value="5"/>
a. <input checked="" type="checkbox"/> Newly executed (original)			
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <i>(for continuation/divisional with box 17 completed)</i>			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).			
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>			
a. <input type="checkbox"/> Computer Readable Form (CRF)			
b. Specification or Sequence Listing on :			
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or			
ii. <input type="checkbox"/> Paper			
c. <input type="checkbox"/> Statements verifying identity of above copies			

17. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below:

Continuation       Divisional       Continuation-in-part (CIP)      of prior application no.:

*Prior application information:* Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

This application is a  Continuation  Division  Continuation-in-part (CIP)  
of application Serial No. Filed on

- Which was published in English
- Which was not published in English

This application claims priority of provisional application Serial No. \_\_\_\_\_.

Filed

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cket No. 239269US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Atsushi FUNAKI, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: FLUOROCOPOLYMER

FEE TRANSMITTAL

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ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	11 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
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			BASIC FEE	\$750.00
			TOTAL OF ABOVE CALCULATIONS	\$750.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
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			TOTAL	\$790.00

Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.  
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 The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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